

## Complete Summary

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### TITLE

Health plan members' satisfaction with care: adult health plan members' ratings of their health plan.

### SOURCE(S)

CAHPS® Health Plan Survey and Reporting Kit 2002. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2002.

Welcome to the CAHPS Survey Users Network (CAHPS-SUN). [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [cited 2004 Apr 15]. [3 p].

## Brief Abstract

### DESCRIPTION

This measure assesses adult enrollees' perceptions of their health plans. Enrollees rate care on a scale from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible. Responses are grouped by rating: percentages are reported for ratings of 9 and 10, 7 and 8, and 6 and lower.

### RATIONALE

The Agency for Healthcare Research and Quality (AHRQ) (then called the Agency for Health Care Policy and Research, or AHCPR) initiated the CAHPS program in October 1995 to develop standardized survey tools for obtaining and reporting information on consumers' experiences with health care. The CAHPS consortium began by developing the CAHPS Health Plan Survey, an integrated set of carefully tested and standardized questionnaires and report formats that can be used to produce meaningful, reliable, and comparable information about the experiences of consumers enrolled in health plans.

The CAHPS Health Plan Survey is designed to generate information that consumers can use to choose health plans, that purchasers can use to assess the value of services they buy, and that health plans can use to assess their performance and improve their products and services. As AHRQ had intended, the survey can be used with all types of health insurance consumers--including Medicaid recipients, Medicare beneficiaries, and those who are commercially insured--and across the full range of health care delivery systems, from fee-for-service to managed care plans. The instruments also capture information about special groups, including individuals with chronic conditions and disabilities and families with children.

The National Committee for Quality Assurance (NCQA) requires health plans to submit measures from the CAHPS Health Plan Survey as part of their HEDIS submission and for accreditation purposes.

#### PRIMARY CLINICAL COMPONENT

Health plan; members' satisfaction

#### DENOMINATOR DESCRIPTION

Health plan members 18 years and older, who have been enrolled in the health plan for 12 months or longer (commercial) or 6 months or longer (Medicaid), with no more than one break in enrollment of up to 45 days during the enrollment period, who answered the, "People's ratings of their health plan," question on the CAHPS 3.0 Health Plan Survey (Adult Questionnaire)

#### NUMERATOR DESCRIPTION

To report ratings of 9 and 10:

The number of health plan members from the denominator who rated their health plan a 9 or 10

To report ratings of 7 and 8:

The number of health plan members from the denominator who rated their health plan a 7 or 8

To report ratings of 6 or lower:

The number of health plan members from the denominator who rated their health plan a 6 or lower

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Patient Experience

#### SECONDARY MEASURE DOMAIN

Not applicable

#### EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Use of this measure to improve performance  
Wide variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

What consumers say about the quality of their health plans and medical care.  
National CAHPS Benchmarking Database 2003 chartbook. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Sep 1. 25 p.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Accreditation  
Decision-making by businesses about health-plan purchasing  
Decision-making by consumers about health plan/provider choice  
External oversight/Department of Defense/TRICARE  
External oversight/Medicaid  
External oversight/Medicare  
External oversight/State government program  
Internal quality improvement  
National health care quality reporting  
Quality of care research

## Application of Measure in its Current Use

### CARE SETTING

Managed Care Plans

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age greater than or equal to 18 years

## TARGET POPULATION GENDER

Either male or female

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

## INCIDENCE/PREVALENCE

Unspecified

## ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

## BURDEN OF ILLNESS

Unspecified

## UTILIZATION

Unspecified

## COSTS

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

End of Life Care  
Getting Better  
Living with Illness  
Staying Healthy

## IOM DOMAIN

Patient-centeredness

### Data Collection for the Measure

## CASE FINDING

Users of care only

## DESCRIPTION OF CASE FINDING

Health plan members age 18 years and older, who have been enrolled in the health plan for 12 months or longer (commercial) or 6 months or longer (Medicaid), with no more than one break in enrollment of up to 45 days during the enrollment period

## DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

## DENOMINATOR (INDEX) EVENT

Patient Characteristic

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Health plan members 18 years and older, who have been enrolled in the health plan for 12 months or longer (commercial) or 6 months or longer (Medicaid), with no more than one break in enrollment of up to 45 days during the enrollment period, who answered the, "People's ratings of their health plan," question on the CAHPS 3.0 Health Plan Survey (Adult Questionnaire). Include refusals, non-response, and bad addresses/phone numbers.

### Exclusions

- Individuals with coverage other than primary health coverage, such as dental-only plan
- Deceased
- Ineligible (not enrolled in the plan)

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Includes all completed questionnaires; a questionnaire is considered complete if responses are available for 10 or more of a selected list of key CAHPS Health Plan Survey items:

To report ratings of 9 and 10:

The number of health plan members from the denominator who rated their health plan a 9 or 10

To report ratings of 7 and 8:

The number of health plan members from the denominator who rated their health plan a 7 or 8

To report ratings of 6 and lower:

The number of health plan members from the denominator who rated their health plan a 6 or lower

Exclusions  
Unspecified

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative data and patient survey

#### LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Frequency Distribution

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)  
Case-mix adjustment

#### DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

CAHPS recommends adjusting the data for respondent age, education, and general health status.

If the sample size is sufficient, responses may be analyzed for specific sub-populations, such as respondents with chronic conditions.

#### STANDARD OF COMPARISON

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

The CAHPS Health Plan Survey has probably been tested more completely than any previously used consumer survey.

There are two different and complementary approaches to assessing the reliability and validity of a questionnaire (1) cognitive testing, which bases its assessments on feedback from interviews with people who are asked to react to the survey questions, and (2) psychometric testing, which bases its assessments on the analysis of data collected by using the questionnaire. Although many existing consumer questionnaires about health care have been tested primarily or exclusively using a psychometric approach, the CAHPS team views the combination of cognitive and psychometric approaches as essential to producing the best possible survey instruments. Consequently, both methods have been included in the development of the CAHPS survey.

The cognitive testing method provided useful information on respondents' perceptions of the response task, how respondents recalled and reported events, and how they interpreted specified reference periods. It also helped identify words that could be used to describe health care providers accurately and consistently across a range of consumers (e.g., commercially insured, Medicaid, fee-for-service, managed care, lower socioeconomic status [SES], middle SES, low literacy, higher literacy) and helped explore whether key words and concepts included in the core questions worked equally well in both English and Spanish.

In addition, the CAHPS development team, together with researchers from the National Committee on Quality Assurance (NCQA), conducted a detailed comparative analysis of the items in the CAHPS questionnaire and NCQA's Member Satisfaction Survey (MSS) from the fall of 1997 to the spring of 1998. These questionnaires were merged to form the current CAHPS questionnaire. This testing is noteworthy because it was so extensive and because of the wide array of techniques used. These included focus groups, in-depth cognitive testing, pilot studies, methodological experiments, and large demonstration studies, such as the demonstrations in Washington State, Kansas, and New Jersey.

### EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Welcome to the CAHPS Survey Users Network (CAHPS-SUN). [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [cited 2004 Apr 15]. [3 p].

## Identifying Information

### ORIGINAL TITLE

People's ratings of their health plan.

#### MEASURE COLLECTION

[CAHPS Health Plan Survey](#)

#### MEASURE SET NAME

[CAHPS 3.0 Health Plan Survey, Adult Questionnaire](#)

#### SUBMITTER

Agency for Healthcare Research and Quality

#### DEVELOPER

Agency for Healthcare Research and Quality  
CAHPS Consortium  
Centers for Medicare and Medicaid Services

#### ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

1997 Mar

#### REVISION DATE

2002 Oct

#### MEASURE STATUS

This is the current release of the measure.

#### SOURCE(S)

CAHPS® Health Plan Survey and Reporting Kit 2002. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2002.

Welcome to the CAHPS Survey Users Network (CAHPS-SUN). [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [cited 2004 Apr 15]. [3 p].

#### MEASURE AVAILABILITY

The individual measure, "People's Ratings of Their Health Plan," is published in the "CAHPS Health Plan Survey and Reporting Kit 2002." This Kit may be downloaded at the [CAHPS-SUN](#) Web site.



## COMPANION DOCUMENTS

The following are available:

- Welcome to the CAHPS Survey Users Network (SUN). [Web site]. Available at [www.cahps-sun.org](http://www.cahps-sun.org).
- National CAHPS Benchmarking Database (NCBD). [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [cited 2003 Aug 21]. Available at <http://ncbd.cahps.org/> or from the [CAHPS-SUN](http://www.cahps-sun.org) Web site.
- What consumers say about the quality of their health plans and medical care. National CAHPS Benchmarking Database 2003 chartbook. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Sep 1. 25 p. Available in Portable Document Format (PDF) from the [NCBD](http://www.ncbd.org) Web site.
- Compare your health plan choices. Health plan quality from the consumer's point of view [adult guide]. Rockville (MD): CAHPS, Agency for Health Care Research and Quality; 17 p. Available from the [CAHPS-SUN](http://www.cahps-sun.org) Web site.
- Compare your health plan choices. Health plan quality from the consumer's point of view [adult & child guide]. Rockville (MD): CAHPS, Agency for Healthcare Research and Quality; 25 p. Available from the [CAHPS-SUN](http://www.cahps-sun.org) Web site.

## NQMC STATUS

This NQMC summary was completed by ECRI on March 15, 2004. The information was verified by the measure developer on April 9, 2004.

## COPYRIGHT STATEMENT

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